

| POSITION                  | INITIALS | ID NO. | DATE     |
|---------------------------|----------|--------|----------|
| FEES DETERMINATION        | SM       |        | 4/4/00   |
| O.I.P.E. CLASSIFIER       |          | 104300 |          |
| FORMALITY REVIEW          |          | 15     |          |
| RESPONSE FORMALITY REVIEW |          |        | 05/28/00 |

## INDEX OF CLAIMS

|                        |            |   |              |
|------------------------|------------|---|--------------|
| ✓                      | Rejected   | N | Non-elected  |
| =                      | Allowed    | I | Interference |
| — (Through numeral)... | Canceled   | A | Appeal       |
| —                      | Restricted | O | Objected     |

| Claim | Date           |
|-------|----------------|
| 1     | Final Original |
| 2     | May 01, 2003   |
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If more than 150 claims or 10 actions  
staple additional sheet here

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